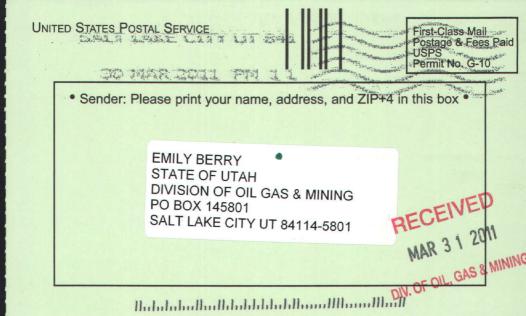
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
JOHN SPENCER SIMPLOT PHOSPHATES LLC 9401 N HIGHWAY 191 VERNAL UT 84078-7802	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
EB 3-29-11 M-047-0007	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2	510 0004 1824 7432
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



## U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Division
Certified Fee		
Return Receipt Fee dorsement Required)	Sales had	Postmark Here
estricted Delivery Fee dorsement Required)		

7432

1824

4000

2510

4007

SIMPLOT PHOSPHATES LLC

9401 N HIGHWAY 191 VERNAL UT 84078-7802

See Reverse for Instructions PS Form 3800, June 2002